PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. Department of the Commence of the Co

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/540,599			ing Date 16/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR				NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD INO	N/A	ı	N/A	150	ı	N/A	TLL (0)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		1	N/A	
	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		ı	N/A	
	(37 CFR 1.16(o), (p), (FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			l	x s =		Oit	x s =	
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	150	ı	TOTAL	
									ER THAN		
AMENDMENT	11/16/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ž	Total (37 CFR 1.16())	· 18	Minus	 31	= 0		X \$26 =	0	OR	x s =	
z	Independent (37 CFR 1,16(h))	• 1	Minus	···3	= 0	1	X \$110 =	0	OR	x s =	
ME	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***			x \$ =		OR	x s =	
Ä.	Application Size Fee (37 CFR 1.16(s))								ı		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write 0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.